

Candidate, or, Candidate,  
and Controlled Committee  
Campaign Statement — Long Form  
(Government Code Sections 84200-84216.5)

Type or print in Ink.

COVER PAGE JNG FORM

CALIFORNIA 1994 FORM 490  
Page 1 of 7  
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Check one of the following boxes to indicate the type of statement being filed:

- ☒ Pre-election Statement  
☐ Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)  
☐ Special Odd-Year Campaign Report  
☐ Semi-annual Statement  
☐ Termination Statement (Attach a completed Form 415 to this statement.)

Statement covers period  
from October 1, 1994  
through October 22, 1994  
Date of election if applicable:  
(Month, Day, Year)  
11/8/94

Date Stamp

RECEIVED  
OCT 26 PM 2:4  
JENNIFER M. PERRO  
CITY CLERK

**I Officeholder, Candidate, and Controlled Committee  
Included in this Statement**

NAME OF OFFICEHOLDER OR CANDIDATE

Phillip Pennino

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Lodi City Council Member

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

1502 Keagle Way

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Lodi CA 95242 (209)942-1730

COMMITTEE NAME I.D. NUMBER

Committee to Elect Phillip Pennino 902421

COMMITTEE ADDRESS (NO. AND STREET)

1502 Keagle Way

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Lodi CA 95242 (209)942-1730

NAME OF TREASURER

Matt McGladdery

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)

751 Dorchester Circle

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Lodi Ca 95240 (209)334-3497

**II Other Committees Not Included in this Statement:** List any other committees not included in this consolidated statement that are controlled by you and any committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS (NO. AND STREET)	
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE	
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS (NO. AND STREET)	
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE	

Attach additional information on appropriately labeled continuation sheets.

**III Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/25/94 At Lodi, CA  
DATE CITY AND STATE

By Matt McGladdery  
SIGNATURE OF TREASURER

An officeholder or candidate who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/25/94 At Lodi, CA  
DATE CITY AND STATE

By Phillip Pennino  
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on \_\_\_\_\_ At \_\_\_\_\_  
DATE CITY AND STATE

By \_\_\_\_\_  
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on \_\_\_\_\_ At \_\_\_\_\_  
DATE CITY AND STATE

By \_\_\_\_\_  
SIGNATURE OF CANDIDATE/OFFICEHOLDER

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

State of California Fair Political Practices Commission

# Campaign Disclosure Statement Summary Page

(type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>10/1/94</u> through <u>10/22/94</u>	CALIFORNIA 1994 FORM <b>490</b> Page <u>2</u> of <u>7</u>
I.D. NUMBER 90241	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Phillip A. Pennino/Committee to Elect Phillip Pennino

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions	Schedule A, Line 3	\$ 883.00	\$ 6,569.00	\$ 7,452.00
2. Loans Received	Schedule B, Line 7	-0-	1,750.00	1,750.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 883.00	\$ 8,319.00	\$ 9,202.00
4. Non-monetary Contributions	Schedule C, Line 3	95.00	-0-	95.00
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4	\$ 978.00	\$ 8,319.00	\$ 9,297.00
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7	-0-	-0-	-0-
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6	\$ 978.00	\$ 8,319.00	\$ 9,297.00

## Expenditures Made

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5	\$ 1,759.06	\$ 1,102.23	\$ 2,861.29
9. Loans Made	Schedule H, Line 7	-0-	-0-	-0-
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9	\$ 1,759.06	\$ 1,102.23	\$ 2,861.29
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5	-0-	-0-	-0-
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11	\$ 1,759.06	\$ 1,102.23	\$ 2,861.29

## Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17	\$ 5,973.29
14. Cash Receipts	Column A, Line 3 above	978.00
15. Miscellaneous Increases to Cash	Schedule I, Line 4	-0-
16. Cash Payments	Column A, Line 10 above	1,759.06
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16	\$ 5,192.23

If this is a termination statement, Line 17 must be zero.

ENDING CASH BALANCE SHOULD  
NOT BE A NEGATIVE AMOUNT

\* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

## Summary for Candidates in Both June and November Elections

		1/1 through 6/30	7/1 to Date
18. LOAN GUARANTEES RECEIVED	Schedule B, Part I, Column (b)	\$ -0-	
21. Contributions Received		\$ -0-	-0-
22. Expenditures Made		\$ -0-	-0-
19. Cash Equivalents	See Instructions on reverse	\$ -0-	
20. Outstanding Debts	Add Line 2 + Line 11 in Column C above	\$ 1,750.00	

## Cash Equivalents and Outstanding Debts

14/9  
P. J. P.

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>10/1/94</u> through <u>10/22/94</u>	CALIFORNIA 1994 FORM <b>490</b>
Page <u>3</u> of <u>7</u>	I.D. NUMBER  90421

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/19/94	Pacific Coast Producers P. O. Box 1600 Lodi, CA 95240 ID#901743	Food Processing	\$200.00	\$200.00	-0-
10/16/94	Wayne West 345 Shady Acres Lodi, CA 95242	Civil Engineer Seigfrieds Eng.	\$ 50.00	\$100.00	-0-
10/2/94	David Nuss 2214 Sunwest Dr. Lodi, CA 95242	Nuss Farms Farmer	\$100.00	\$100.00	-0-

SUBTOTAL \$ 350.00

## Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 350.00
- Amount received this period — contributions of less than \$100.  
(Do not itemize.) ..... \$ 533.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 883.00

**Schedule B — Part III**  
**Annual Report of Outstanding Loans Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE B - Part III

Statement covers period		CALIFORNIA 1994 FORM <b>490</b>
from	10/1/94	
through	10/22/94	Page 4 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Phillip Pennino/Committee To Elect Phillip Pennino

I.D. NUMBER

902421

FULL NAME OF LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
Phillip Pennino(Personal)	10/90	1750.00	1750.00	-0-

Attach additional information on appropriately labeled continuation sheets.

**TOTAL** \$ 1750.00

NOTE: This total should be  
 the same amount as entered  
 on the Summary Page,  
 Column C, Line 2.

# Schedule C Non-Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>10/1/94</u> through <u>10/22/94</u>	CALIFORNIA 1994 FORM <b>490</b>
Page <u>5</u> of <u>7</u>	I.D. NUMBER <u>902421</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Phillip Pennino/Committee To Elect Phillip Pennino

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0

## Non-Monetary Contributions Summary

- Amount received this period — non-monetary contributions of \$100 or more.  
(Include all Schedule C subtotals.) \$ -0-
- Amount received this period — non-monetary contributions of less than \$100.  
(Do not itemize.) \$ 95.00
- Total non-monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.) TOTAL \$ 95.00

# Schedule Payments and Contributions (Other Than Loans) Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from <u>10/1/94</u> through <u>10/22/94</u>	CALIFORNIA ESTATE FORM <b>490</b>
Page <u>6</u> of <u>7</u>	I.D. NUMBER 902421

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Phillip Pennino/Committee to Elect Phillip Pennino

## CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- |  |  |  |
|--|--|--|
| "C" - MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | "B" - BROADCAST ADVERTISING                                    | "G" - GENERAL OPERATIONS AND OVERHEAD                      |
| "I" - INDEPENDENT EXPENDITURES   | "N" - NEWSPAPER AND PERIODICAL ADVERTISING                     | "T" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| "L" - LITERATURE   | "O" - OUTSIDE ADVERTISING                                      | "P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES      |
|  | "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS |  |
|  | "F" - FUNDRAISING EVENTS                                       |  |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.		
	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Foster Lumber 2411 Maggio Circle Lodi, CA 95240	O	Wood sign posts & stakes	\$230.89
Duncan Press 25 W. Lockeford ST. Lodi, CA 95240	G	Printing	\$105.60
Lodi News Sentinal 125 N. Church St. Lodi, CA 95240	N	Advertising	\$299.20

Important: Contributions and expenditures made out of campaign funds to or on behalf of other officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page, Part I.

SUBTOTAL \$ 635.69

## Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 1,448.66
2. Payments made this period of under \$100. (Do not itemize.)	\$ 310.40
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).)	\$ -0-
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)	\$ -0-
5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.)	TOTAL \$ 1,759.06

**Schedule L  
(Continuation Sheet)  
Payments and Contributions  
(Other Than Loans) Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (cont.)

SEE INSTRUCTIONS ON REVERSE

Statement covers period		CALIFORNIA 1994 FORM <b>490</b>
from 10/1/94	through 10/22/94	
		Page 7 of 7
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE		I.D. NUMBER
Phillip Pennino/Committee To Elect Phillip Pennino		902421

**CODES FOR CLASSIFYING EXPENDITURES**

- |  |  |  |
|--|--|--|
| "C" - MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | "B" - BROADCAST ADVERTISING                                    | "G" - GENERAL OPERATIONS AND OVERHEAD                      |
| "I" - INDEPENDENT EXPENDITURES   | "N" - NEWSPAPER AND PERIODICAL ADVERTISING                     | "T" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| "L" - LITERATURE   | "O" - OUTSIDE ADVERTISING                                      | "P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES      |
|  | "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS |  |
|  | "F" - FUNDRAISING EVENTS                                       |  |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Gary's Signs 1620 Ackerman Dr. Lodi, CA 95240	O		Lawn Signs	\$812.97
SUBTOTAL \$				812.97